nuclear bodies, not affected by acetic acid, and, most likely, aborted epithelial cells, with pus-corpuscles and granular matter; the granules occasionally assuming a disposition to form themselves in parallel lines.

In no one case could be perceived a distinct fibrillation, as is easily recognized in the transudations upon the pericardium and other serous membranes.

If the fibrillation be not present, we have not the morphological element of coagulated fibrin; and, therefore, unless there be some chemical test by which it may be designated, we cannot predicate its existence under the microscope.

It is true that a granular form of fibrin has been described, but this has not been established.

Again, has not the existence of fibrin in some of the membranous patches of diphtheria, and in other affections of the mucous membrane, been rather inferred than demonstrated?

We have been taught and many still maintain that pus and other cell-elements are the direct product from an unorganized blastema termed fibrin; more especially has this been considered the origin of pus, at least with those who have given up the idea of its being a secretion.

The existence of these elements has led observers to predicate a substance (fibrin) from which these elements have originated.

But granting this view, to which we have become so wedded, to be no longer tenable—and if Virchow substantiates his statements, it no longer is—then we need not presuppose the existence of fibrin because we see nuclear growths or cells, now termed pus or exudation-corpuscles, which, according to some, are the elements by which the exuded fibrin is destroyed.

Is there not another view which may satisfactorily explain the nature of at least some of the formations which are found upon mucous membrane?

Are they not frequently simple products of perverted cell-growth, which, owing to a poison to be eliminated, or from some other unknown cause, gives rise to rapid multiplication of aborted epithelial cells, these being formed into membrane of a low vitality which soon disintegrates into granules.

Nor is it by any means an unsupposable case that cells which are arranged in rows, should leave some such appearance in the granules, the product of their disintegration.

These views have been confirmed by the examination of the deposit in the chicken already reported.

Another reason which might be adduced in their support is that mucous membranes are not disposed to transude fibrin. Mucous inflammation tends to the catarrhal form, and results in the formation of a tenacious albuminoid product, which is considered by modern pathologists, not as a *transudation*, but as a *product* of cell-formation. This excessive cell-action causes a rapid cell-growth and terminates in a degradation of the individual cell from exhaustion.

Note from Dr. G. B. WOOD *in relation to the Calabar Poison Vine, and on the Mode of Gathering the Resin of the Indian Hemp.*—Dr. CARSON stated that he had received a letter from Prof. G. B. WOOD, the President of the College, transmitting some of the seeds or fruit of the Assafœtida plant, which had been presented in Edinburgh to Dr. Wood by Drs. Christison and Balfour, the latter of whom is Professor of Botany in the University of Edinburgh, and Superintendent of the Royal Botanical Garden of that city.

Dr. Wood mentions having seen in this garden, during a visit in company with Drs. Christison and Balfour, among other novelties, an undoubtedly *genuine gamboge plant*, which had been brought or sent to Dr. Christison from Siam, its native country. As no flower was received, however, and as many years must elapse before the young plant they have will produce one, its precise botanical character has not been determined.

By permission of Dr. Wood, the following extracts from his letter were read by Dr. Carson to the College:—

"Some time since Dr. Christison received some of the seeds of the famous Calabar poison vine, used by the natives of that part of Africa in their trials for witchcraft; and, having taken about half of one of these seeds, he was so violently affected that his friends were alarmed for his safety. Some of these seeds were planted and produced a climber, which flowered in due time and enabled Dr. Balfour to determine its character. He named it *Physostigma venenosum*."

"Another point of some interest is relative to the mode of gathering the resin of the Indian Hemp by the natives. Dr. Christison says that he has learned directly from good authority in Hindostan, that this method consists in rubbing the leaves and flowering tops between the hands, and then, when these are sufficiently loaded with the adhesive exudation, to scrape it off. The prevalent notion that the natives gather the resin by walking through the fields of hemp, and afterwards scraping off the matter which adheres to their clothing, is, to say the least, apocryphal; nay, he considers it absurd, as the parts of the plant which exude the resin are above the heads of the natives, and the plants grow so closely together and are so strong that a native could hardly make his way through a field of them. He says, moreover, that, according to information he has received, the hemp plant does not produce the resin satisfactorily in the low hot plains of Hindostan, but in the regions near or among the hills. I have little doubt, myself, that it might be advantageously collected from the hemp of our own country; as specimens grown in my garden have had strongly the characteristic odour, and the tops have been very adhesive to the hand; which was not the case with a specimen I saw growing in the Botanical garden here."

Fatal Parturition from Inertia of the Uterus; Fœtus not delivered.—Dr. CORSE read the following note of this case, and exhibited the fœtus and its membranes with the uterus: Mrs. A. P. was taken in labour at a period which she supposed to be the close of the eighth month of pregnancy.

The uneasy feelings usually preceding labour began gradually, and continued for several days without any increase of the pain or uterine contractions. She at length began to feel spells of sinking and prostration, which were at first slight and of short duration, but gradually became more marked and of longer continuance; their recurrence also became more frequent. No hemorrhage whatever took place, not even the usual amount which sometimes constitutes the *show* of obstetricians. I was sent for in consultation; but a few minutes before I arrived, one of her sinking spells came on, in which she expired.

Her colour at that time was exceedingly pallid. No patches or spots of purple or deep red appeared, as in cases of purpura and some other diseases, incident to a low state of the system. The body was plump, and the skin free from the shrunken and wrinkled state which it presents sometimes in cases of death from extreme prostration or exhaustion. She had had no